Claims 1-20 are pending in the application.

Claims 1, 3, 5-9, 13, 14, 16, 18, and 19 have been rejected under 35 U.S.C. § 102(b) as being anticipated by Peifer et al. (U.S. Patent No. 5,987,519). Claims 4, 10-12, 15, 17, and 20 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Peifer. Claim 2 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Peifer in view of McMillan (U.S. Patent No. 5.826,267).

Applicant respectfully traverses these rejections.

A fundamental feature and significant advantage of the invention as defined in all of the active claims is that it permits end users to engage a system from remote locations to input measured bodily readings, such as blood pressure or weight, and to monitor the progress of their health. The end user is able to avail himself or herself of these services without requiring an appointment with a doctor or a visit to the hospital. Rather, the end user need only visit a kiosk conveniently located in a publicly accessible location, where the end user can measure and input his/her bodily readings. By locating the kiosks in publicly accessible locations, the end user can access multiple different kiosks located at various locations, rather than only having access to a single kiosk.

Peifer does not disclose or reasonably suggest kiosks or locating the kiosks in publicly accessible locations. In this regard, Peifer is cumulative of other cited art, such as Warner, which was applied in previous office actions and successfully distinguished by Applicant.

Peifer clearly contemplates the placement of the "patient monitoring stations 18" in the patient's home. Column 1, lines 56-59 state that the "use of telemedicine could allow these

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measurements to be taken at the patient's home while the healthcare worker observed the patient or the measurement data from the healthcare center." (Emphasis added.) Further, Peifer characterizes its invention as in improvement over U.S. Patent No. 5,441,047 and U.S. Patent No. 5,4345,611, each of which is described as disclosing a system which operates patient monitoring stations from the patient's home. See column 2, lines 24 and 43.

The Examiner alleges at page 10 of the Office Action that it would have been obvious to one skilled in the art to place Peifer's patient operating machines in publicly available locations "in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand." In fact, this alleged motivation is already met by Peifer's placing of its machines in the patient's homes. Moving the patient operating machines from the patient's homes to a publicly available kiosk would be counterproductive, at least with respect to ensuring accessibility to the users/patients. Further, the present invention provides advantages over Peifer by placing its kiosks in publicly available locations, thereby allowing potentially all users access to multiple kiosks.

McMillan, which has been cited for its disclosure of file transfer protocol (FTP), does not overcome the above deficiencies of Peifer.

For these reasons alone, Applicant respectfully submits that the Section 102(b) and 103(a) rejection of claims 1-20 should be withdrawn, and respectfully requests the same.

Additionally, with respect to independent claim 1 (and claims 2-5, 10, 14, and 15 which depend from claim 1), a computer system is claimed in which update user information is sent and stored at each collection kiosk located in the publicly accessible locations. This feature is not disclosed or reasonably suggested by Peifer. Given that Peifer teaches placing its patient monitoring systems in the patients' homes, it is reasonable to assume that Peifer

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would only send a patient's updated user information to the respective patient monitoring system at the patient's home, rather to each of the alleged collection kiosks as recited in claim

1. In fact, there would have been several reasons, including security issues, for sending a patient's updated user information only to his or her home computer.

With respect to independent claim 6 (and claims 11, 12, and 16-18 which depend from claim 6), a method is claimed for retrieving updated user information. Claim 6 recites that updated user information is stored at the collection kiosk for subsequent requests. No such teaching is provided in Peifer, which is silent with respect to the storage of information at the patient's home computer.

With respect to dependent claims 14, 16, and 19, Peifer does not disclose storing a current local list of all registered users at the patient monitoring system. Such a feature would not be needed or practical in Peifer's system, given that the patient monitoring systems are located in the patient's homes.

With respect to dependent claims 10-12, each of these claims recites that it is the collection kiosk which automatically sends a request for the generated update user information. The request is sent from the collection kiosks because the updated user information is stored at the collection kiosk. No such storage occurs at the patient monitoring stations of Peifer. Thus, even accepting the Examiner's suggestion that it would have been obvious to update information "in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention," there still would not have been obvious to send the request from the collection kiosk, as opposed from the communications network 16 where the information is stored.

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For the above additional reasons, Applicant respectfully submits that the claims are patentable over Peifer, when taken alone or in combination with McMillan, and respectfully

requests withdrawal of the Section 103(a) rejection of the claims.

In view of the foregoing remarks, the present application is believed to be in condition

for allowance. The Examiner is asked to consider this response and pass the application to

allowance. Should the Examiner have any questions, he is requested to contact the

undersigned.

Respectfully submitted

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